

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90215 049 \*\*\*150.00

**DOCUMENT # P99000038145**

1. Entity Name

**WEMBLEY, INC.**

Principal Place of Business

Mailing Address

**%5156 CENTRAL AVE.  
ST. PETERSBURG FL 33707**

**%5156 CENTRAL AVE.  
ST. PETERSBURG FL 33707**

2. Principal Place of Business

3. Mailing Address

**304 HARRISON AVE**

**304 HARRISON AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PANAMA CITY FL**

City & State

**PANAMA CITY FL**

4. FEI Number

**59-3590276**

Applied For

Not Applicable

Zip

**32401**

Country

**U.S.A.**

Zip

**32401**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCATEE, CAROL  
%5156 CENTRAL AVE.  
ST. PETERSBURG FL 33707**

Name

**PETER ASHBY**

Street Address (P.O. Box Number is Not Acceptable)

**304 HARRISON AVENUE**

City

**PANAMA CITY**

FL

Zip Code

**32401**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Peter L Ashby* **PRESIDENT**  
**PETER ASHBY**

**APRIL 7th 2000**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>P</b> <b>PETER ASHBY</b>
STREET ADDRESS	<b>2507 PELICAN BAY DRIVE</b>
CITY-ST-ZIP	<b>PANAMA CITY FL 32408</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V</b> <b>SUSAN ASHBY</b>
STREET ADDRESS	<b>2507 PELICAN BAY DRIVE</b>
CITY-ST-ZIP	<b>PANAMA CITY FL 32408</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Peter L Ashby* **PETER ASHBY**

Date

**4/7/2000**

Daytime Phone #

**(850) 763 9781**

CH 1014 (9/99)